



**PIEDMONT**  
*Interventional*  
**PAIN CARE, PA**  
**Robert B. Wilson, II, MD**  
Pain Medicine Specialist

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www.piedmontpaincare.com

Date: \_\_\_\_\_

Referring Physician: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_

Patient Name: \_\_\_\_\_

SS#: \_\_\_\_\_

Patient Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Birthdate: \_\_\_\_\_  Male  Female

**Primary Insurance:** \_\_\_\_\_

Policy Holder: \_\_\_\_\_ DOB: \_\_\_\_\_ Employer: \_\_\_\_\_

Claim Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

ID Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

**Secondary Insurance:** \_\_\_\_\_

Policy Holder: \_\_\_\_\_ DOB: \_\_\_\_\_ Employer: \_\_\_\_\_

Claim Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

ID Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

**Patient is Referred for:**

Myofascial pain (muscle pain)

Lumbar facet arthropathy (low back joint pain)

Cervical facet arthropathy (neck joint pain)

Lumbar degenerative disc disease

Cervical degenerative disc disease

Back and leg pain

Neck, shoulder and arm pain

Sciatica (radicular pain)

Occipital headaches

Shingles (herpes zoster) pain

Thoracic facet arthropathy (back joint pain)

Complex regional pain syndrome (CRPS)

Thoracic degenerative disc disease

Reflex sympathetic dystrophy (RDS)

Indicate Procedure (if applicable) \_\_\_\_\_

Cancer Pain

Other (explain) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Please fax all medical records, radiology reports and insurance card
- Please send insurance referral if required
- Omitted information will delay our ability to respond to your request promptly
- We will fax the appointment back to you to advise your patient

**Office Hours:** M-Th: 7:30 am - 5:00 pm; F: 7:30 am - 2:00 pm